

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90305 032 ****50.00

DOCUMENT # L05000029721

1. Entity Name

SHADY GROVE MOBILE HOME PARK, LLC



Principal Place of Business

5101 N.W. GAINSVILLE RD
OCALA FL 34475

Mailing Address

1208 BRADWELL DRIVE
ORLANDO FL 32837



2. Principal Place of Business - No P.O. Box #

5100 N.W. GAINSVILLE RD

Suite, Apt. #, etc.

OCALA

City & State

FLORIDA

Zip

34475

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2561871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMESRA, RUDOLPH
1208 BRADWELL DRIVE
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: RAMSERA, RUDOLPH
STREET ADDRESS: 1208 BRADWELL DRIVE
CITY ST ZIP: ORLANDO FL 32837

TITLE: MGRM ☐ Delete
NAME: RAMSERA, HEMOWTIE
STREET ADDRESS: 1208 BRADWELL DRIVE
CITY ST ZIP: ORLANDO FL 32837

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Hemowtie Ramserra* HEMOWTIE RAMESRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-31-07, 407-240-0390
Date Daytime Phone #